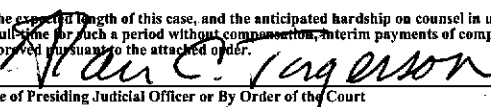


CJA 30 DEATH PENALTY PROCEEDINGS: APPOINTMENT OF AND AUTHORITY TO PAY COURT APPOINTED COUNSEL

1. CIR./DIST./DIV. CODE NMX		2. PERSON REPRESENTED MCCLUSKEY, JOHN CHARLES		VOUCHER NUMBER																																																																	
3. MAG. DKT./DEF. NUMBER 1:10-002298-001		4. DIST. DKT./DEF. NUMBER		5. APPEALS DKT./DEF. NUMBER																																																																	
6. OTHER DKT. NUMBER		7. IN CASE/MATTER OF (Case Name) US v. MCCLUSKEY		8. TYPE PERSON REPRESENTED Adult Defendant																																																																	
9. REPRESENTATION TYPE Federal Capital Prosecution		10. OFFENSE(S) CHARGED (Cite U.S. Code, Title & Section) If more than one offense, list (up to five) major offenses charged, according to severity of offense. 1) 18 924J.F -- Violent crime/drugs/machine gun where death occurs																																																																			
11. ATTORNEY'S NAME (First Name, M.I., Last Name, including any suffix) AND MAILING ADDRESS BURT, MICHAEL N Suite 329-E 600 Townsend St San Francisco CA 94103 Telephone Number: (415) 522-1508		12. COURT ORDER <input checked="" type="checkbox"/> O Appointing Counsel <input type="checkbox"/> C Co-Counsel <input type="checkbox"/> F Subs For Federal Defender <input type="checkbox"/> R Subs For Retained Attorney <input type="checkbox"/> P Subs For Panel Attorney <input type="checkbox"/> Y Standby Counsel Prior Attorney's Name: _____ Appointment Date: _____ (A) Because the above-named person represented has testified under oath or has otherwise satisfied this court that he or she (1) is financially unable to employ counsel and (2) does not wish to waive counsel, and because the interests of justice so require, the attorney whose name appears in Item 11, who has been determined to possess the specific qualifications required by law, is appointed to represent this person in this case. (B) The attorney named in Item 11 is appointed to serve as: <input type="checkbox"/> LEAD COUNSEL <input type="checkbox"/> CO-COUNSEL Name of Co-Counsel or Lead Counsel: _____ Appointment Date: _____ (C) If you represented the defendant or petitioner in any prior proceeding related to this matter, attach to your initial claim a listing of those proceedings and describe your role in each (e.g., lead counsel or co-counsel). <input type="checkbox"/> (D) Due to the expected length of this case, and the anticipated hardship on counsel in undertaking representation full-time for such a period without compensation, interim payments of compensation and expenses are approved pursuant to the attached order.  Signature of Presiding Judicial Officer or By Order of the Court Date of Order 08/24/2010 June Pro Tunc Date _____ (E) Repayment or partial repayment ordered from the person represented for this service at time of appointment. <input type="checkbox"/> YES <input type="checkbox"/> NO																																																																			
13. NAME AND MAILING ADDRESS OF LAW FIRM (only provide per instructions)																																																																					
14. STAGE OF PROCEEDING Check the box which corresponds to the stage of the proceeding during which the work claimed at Item 15 was performed even if the work is intended to be used in connection with a later stage of the proceeding. CHECK NO MORE THAN ONE BOX. Submit a separate voucher for each stage of the proceeding.																																																																					
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<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:45%;">15. CATEGORIES (Attach itemization of services with dates)</th> <th style="width:10%;">HOURS CLAIMED</th> <th style="width:10%;">TOTAL AMOUNT CLAIMED</th> <th style="width:10%;">MATH/TECH ADJUSTED HOURS</th> <th style="width:10%;">MATH/TECH ADJUSTED AMOUNT</th> <th style="width:15%;">ADDITIONAL REVIEW</th> </tr> </thead> <tbody> <tr> <td>a. In-Court Hearings (Rate per Hour = \$)</td> <td></td> <td></td> <td></td> <td></td> <td rowspan="5">IN COURT TOTAL (Category a)</td> </tr> <tr><td>b. Interviews and Conferences with Client</td><td></td><td></td><td></td><td></td></tr> <tr><td>c. Witness Interviews</td><td></td><td></td><td></td><td></td></tr> <tr><td>d. Consultation with Investigators and Experts</td><td></td><td></td><td></td><td></td></tr> <tr><td>e. Obtaining and Reviewing the Court Record</td><td></td><td></td><td></td><td></td></tr> <tr> <td>f. Obtaining and Reviewing Documents and Evidence</td> <td></td> <td></td> <td></td> <td></td> <td rowspan="5">OUT OF COURT TOTAL (Categories b - j)</td> </tr> <tr><td>g. Consulting with Expert Counsel</td><td></td><td></td><td></td><td></td></tr> <tr><td>h. Legal Research and Writing</td><td></td><td></td><td></td><td></td></tr> <tr><td>i. Travel</td><td></td><td></td><td></td><td></td></tr> <tr><td>j. Other (Specify on additional sheets)</td><td></td><td></td><td></td><td></td></tr> <tr> <td>Totals: Categories b thru j (Rate per hour = \$)</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>						15. CATEGORIES (Attach itemization of services with dates)	HOURS CLAIMED	TOTAL AMOUNT CLAIMED	MATH/TECH ADJUSTED HOURS	MATH/TECH ADJUSTED AMOUNT	ADDITIONAL REVIEW	a. In-Court Hearings (Rate per Hour = \$)					IN COURT TOTAL (Category a)	b. Interviews and Conferences with Client					c. Witness Interviews					d. Consultation with Investigators and Experts					e. Obtaining and Reviewing the Court Record					f. Obtaining and Reviewing Documents and Evidence					OUT OF COURT TOTAL (Categories b - j)	g. Consulting with Expert Counsel					h. Legal Research and Writing					i. Travel					j. Other (Specify on additional sheets)					Totals: Categories b thru j (Rate per hour = \$)					
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18. CERTIFICATION OF ATTORNEY/PAYEE FOR THE PERIOD OF SERVICE FROM _____ TO _____			19. APPOINTMENT TERMINATION DATE IF OTHER THAN CASE COMPLETION		20. CASE DISPOSITION																																																																
21. CLAIM STATUS <input type="checkbox"/> Final Payment <input type="checkbox"/> Interim Payment Number _____ <input type="checkbox"/> Supplemental Payment Have you previously applied to the court for compensation and/or reimbursement for this case? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, were you paid? <input type="checkbox"/> YES <input type="checkbox"/> NO Other than from the court, have you, or to your knowledge has anyone else, received payment (compensation or anything or value) from any other source in connection with this representation? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, give details on additional sheets. I swear or affirm the truth or correctness of the above statements. Signature of Attorney: _____ Date: _____																																																																					
22. IN COURT COMP.		23. OUT OF COURT COMP.		24. TRAVEL EXPENSES																																																																	
25. OTHER EXPENSES		26. TOTAL AMT. APPROVED																																																																			
27. SIGNATURE OF THE PRESIDING JUDICIAL OFFICER			DATE		27a. JUDGE CODE																																																																